

**FIG. 1**

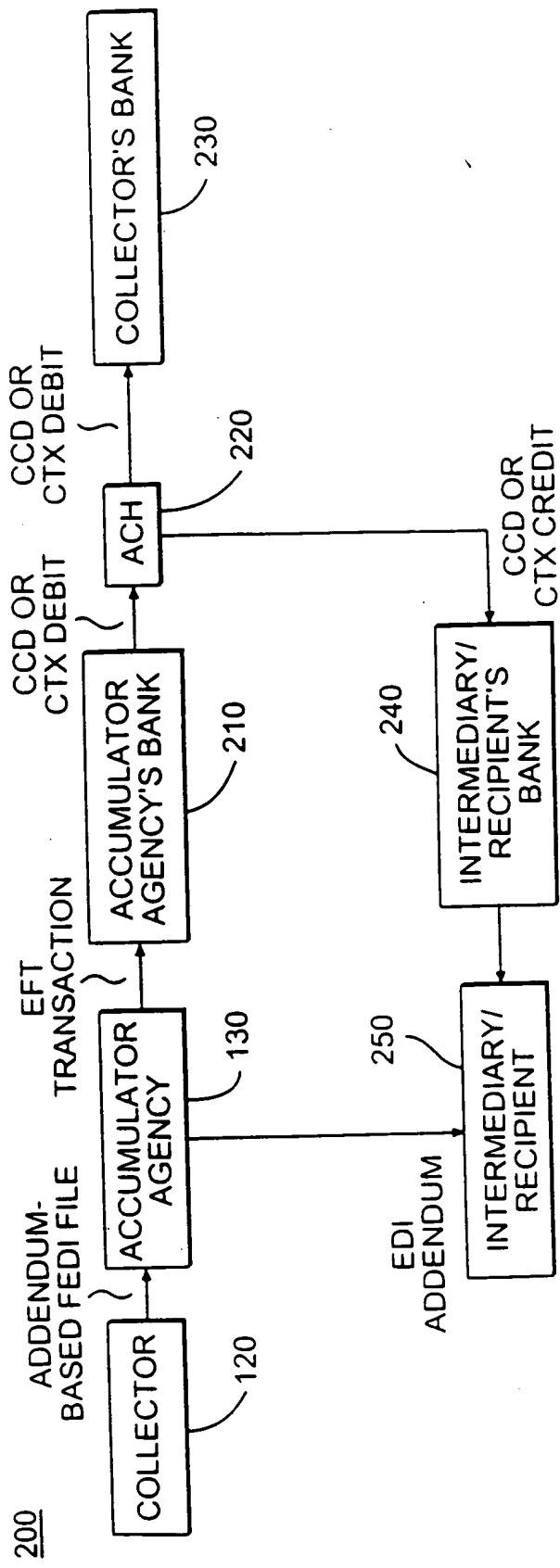


FIG. 2

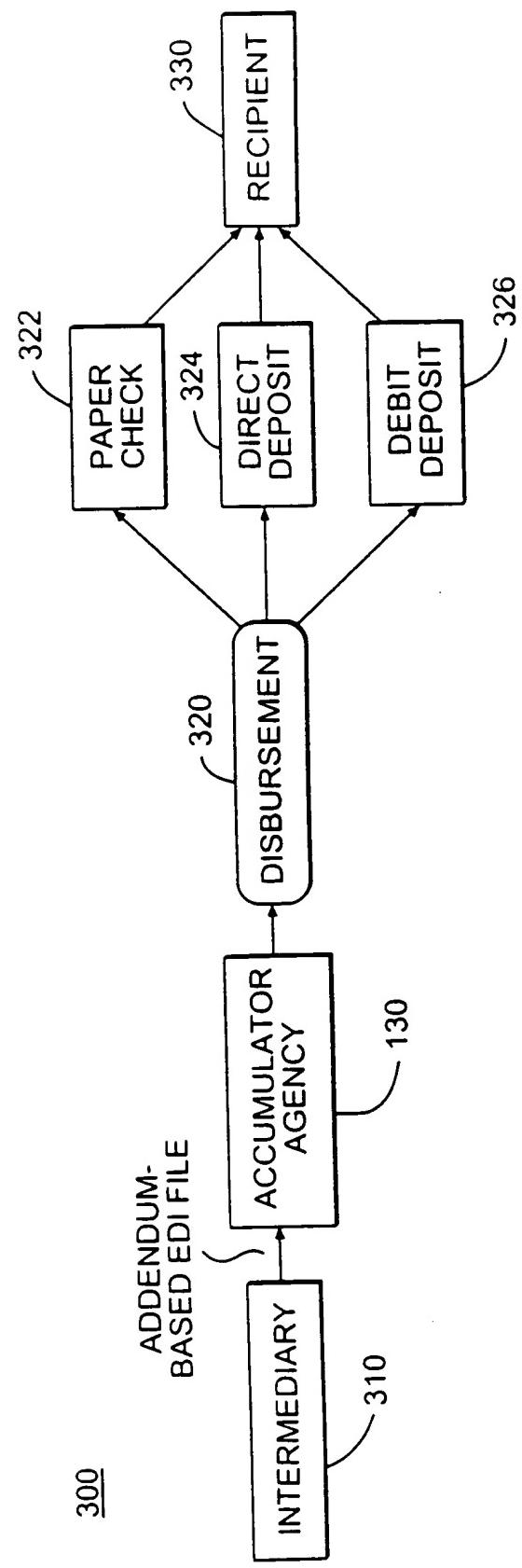


FIG. 3

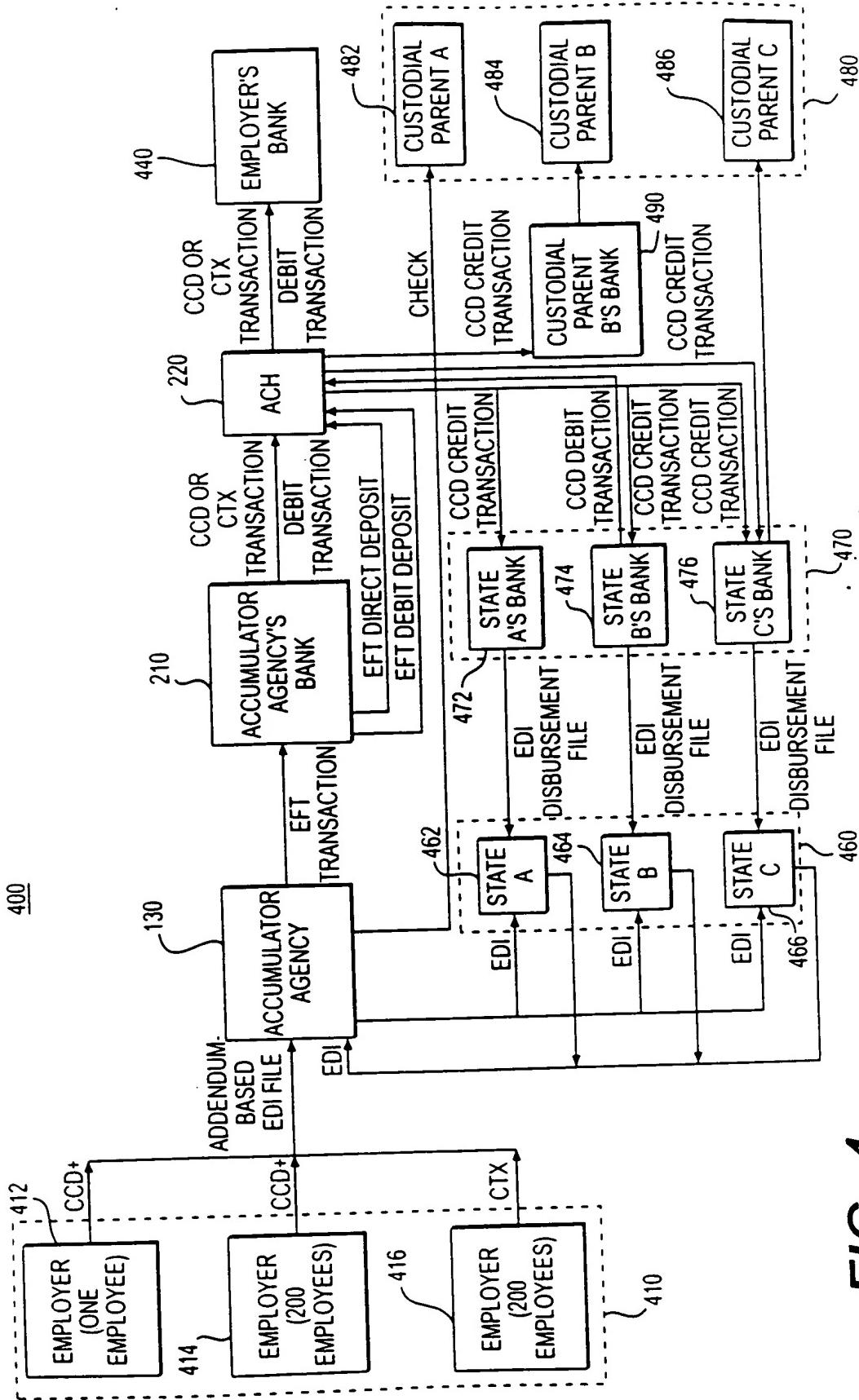


FIG. 4

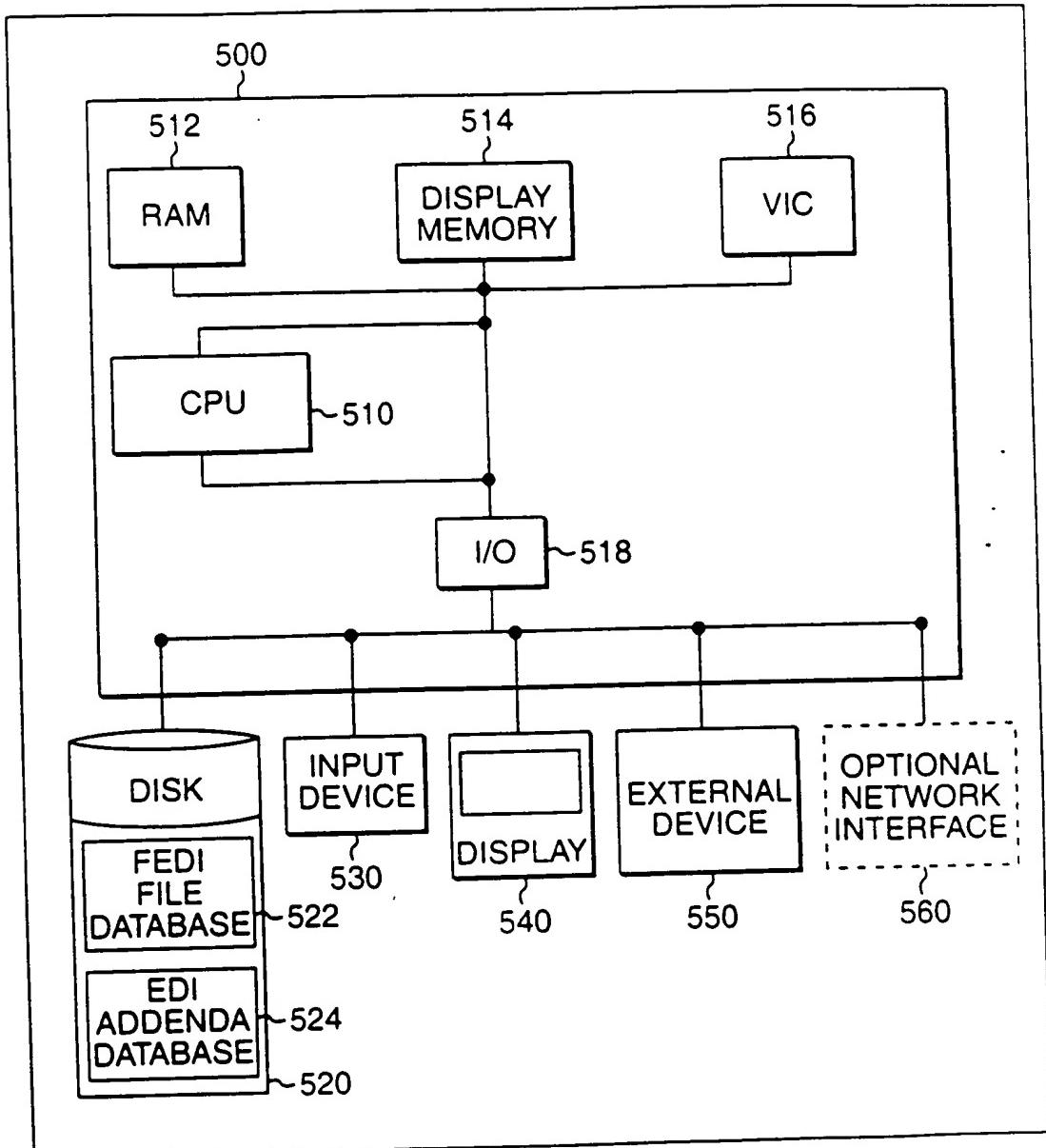


FIG. 5

09523855 - 04402

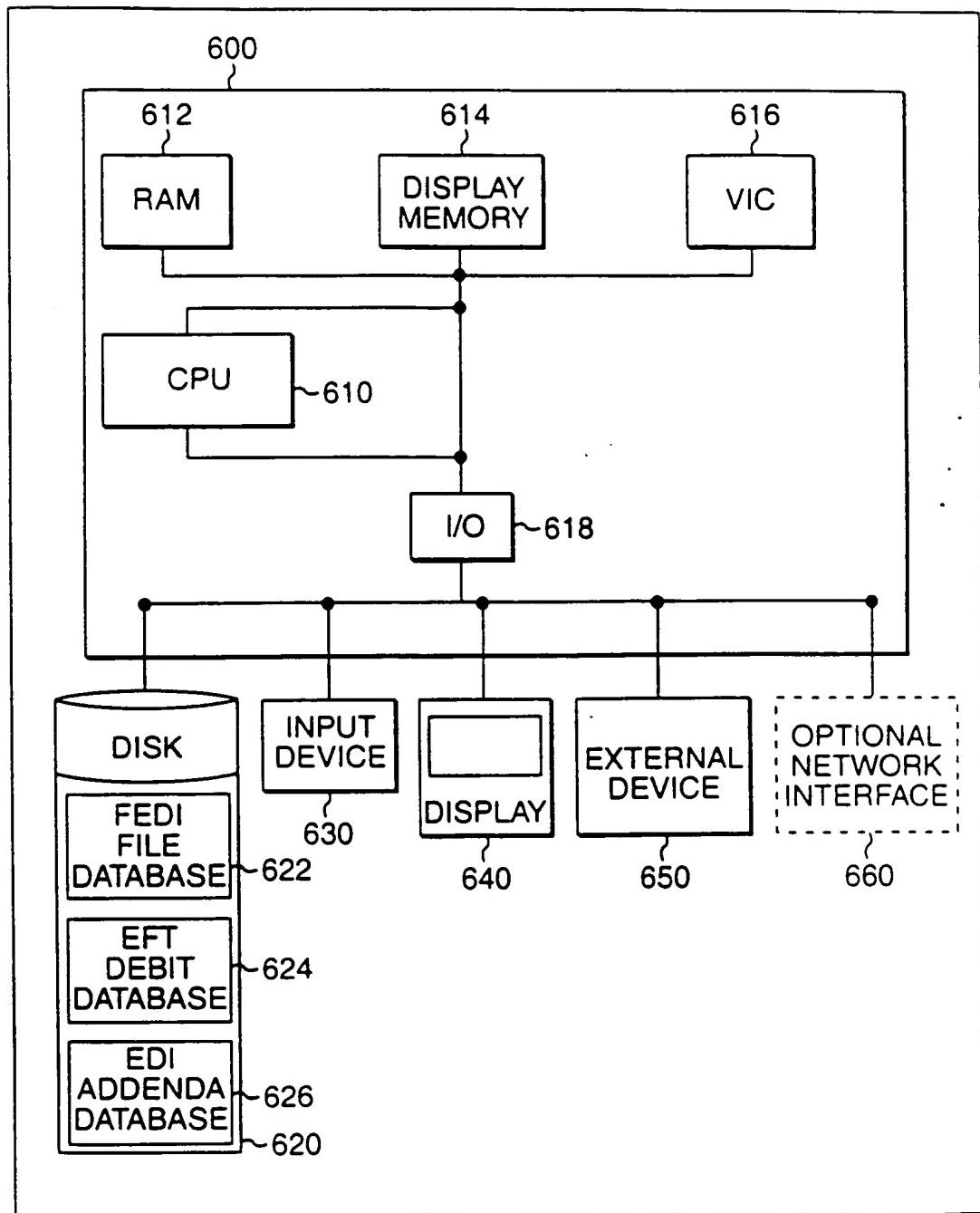


FIG. 6

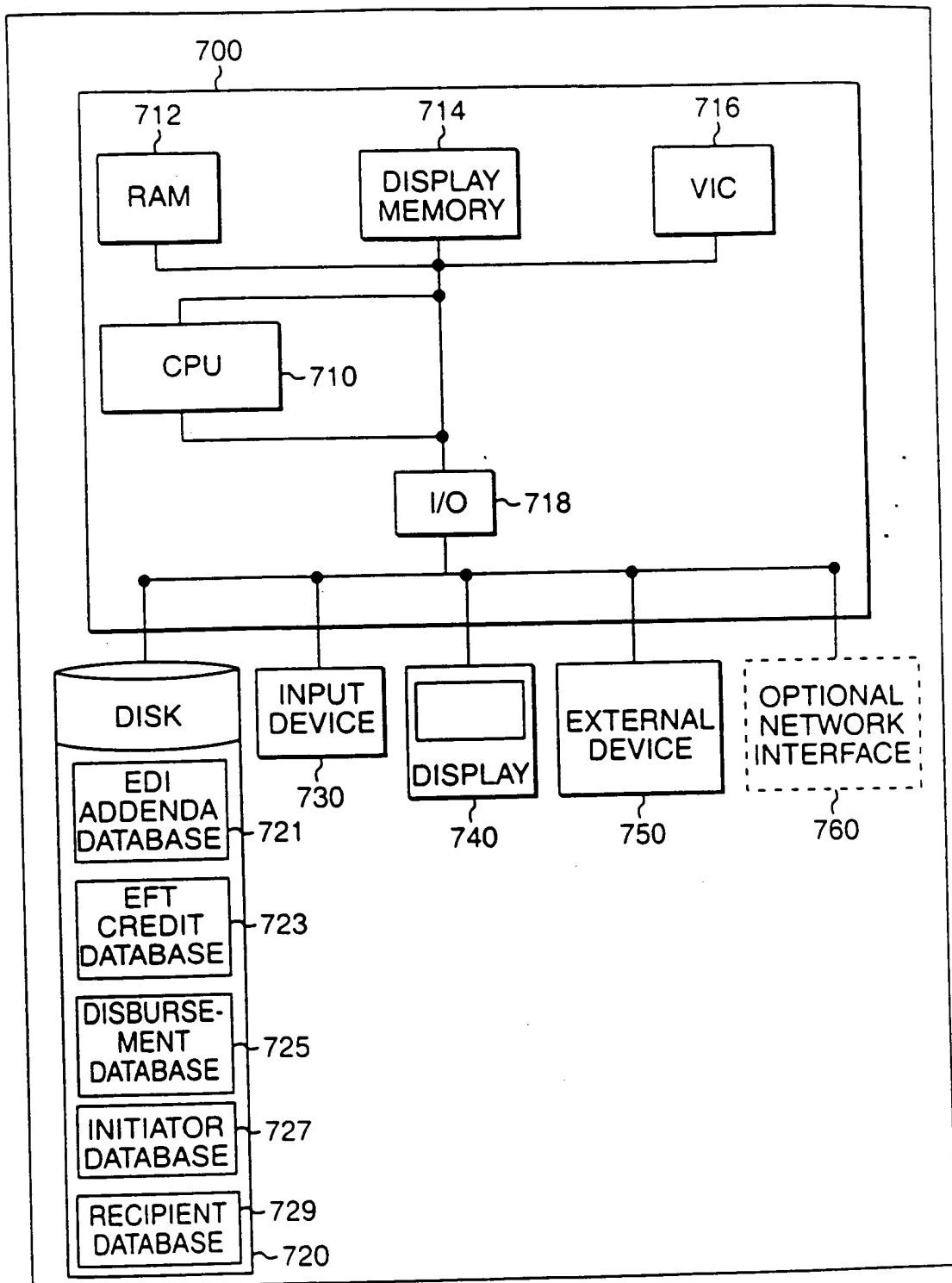


FIG. 7

FIELD	1	2	3	4	5	6	7	8	9	10	11
DATA ELEMENT NAME	RECORD TYPE CODE	RECEIVING DF1 IDENTIFICATION	CHECK DIGIT	DF1 ACCOUNT NUMBER	AMOUNT	IDENTIFICATION NUMBER	RECEIVING COMPANY NAME	DISCRETIONARY DATA	ADDENDA RECORD INDICATOR	TRACE NUMBER	
FIELD INCLUSION REQUIREMENT	M	M	M	R	M	0	R	0	M	M	
CONTENTS	'6'	NUMERIC	TTTAAAAA	NUMERIC	ALPHANUMERIC	\$\$\$\$\$\$##	ALPHANUMERIC	ALPHANUMERIC	ALPHANUMERIC	NUMERIC	
LENGTH	1	2	8	1	17	10	15	22	2	1	15
POSITION	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-76	77-76	79-79	80-94

FIG. 8A

FIELD	1	2	3	4	5	6	7	8	9
DATA ELEMENT NAME	RECORD TYPE CODE	RECEIVING DFI IDENTIFICATION	CHECK DIGIT	DFI ACCOUNT NUMBER	TOTAL AMOUNT	IDENTIFICATION NUMBER	NUMBER OF ADDENDA RECORDS	RECEIVING COMPANY NAME/ID NUMBER	
FIELD INCLUSION REQUIREMENT	M	M	M	R	M	0	R	R	
CONTENTS	6	NUMERIC	TTTTAAA	NUMERIC ALPHANUMERIC	\$\$\$\$\$#	ALPHANUMERIC	NUMERIC	ALPHANUMERIC	
LENGTH	1	2	8	1	17	10	15	4	16
POSITION	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-58	59-74

FIELD	10	11	12	13
DATA ELEMENT NAME	RESERVED	DISCRETIONARY DATA	ADDENDA RECORD INDICATOR	TRACE NUMBER
FIELD INCLUSION REQUIREMENT	N/A	0	M	M
CONTENTS	BLANK	ALPHANUMERIC	NUMERIC	NUMERIC
LENGTH	2	2	1	15
POSITION	75-76	77-78	79-79	80-94

**FIG. 8B**

FIELD	1	2	3	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
FIELD INCLUSION REQUIREMENT	M	M	0	M	M
CONTENTS	'7	'05	ALPHANUMERIC	NUMERIC	NUMERIC
LENGTH	1	2	80	4	7
POSITION	01-01	02-03	04-83	84-87	88-94

FIG. 9A

ELEMENT	COMMENTS	CONTENT	ATTRIBUTES		
			1	2	3
DED01	SEGMENT IDENTIFIER	DED	M	ID	33
DED02	APPLICATION IDENTIFIER	CS	M	ID	22
DED03	CASE IDENTIFIER	XXXXXXX	M	AN	1/20
DED04	PAY DATE	YYMMDD	M	DT	6/6
DED05	PAYMENT AMOUNT	\$\$\$\$\$\$\$\$\$	M	N2	1/10
DED06	NON-CUSTODIAL PARENT SOCIAL SECURITY NUMBER	XXXXXXX	M	AN	9/9
DED07	MEDICAL SUPPORT INDICATOR	'Y'-YES, 'N'-NO	M	AN	1/1
DED08	NON-CUSTODIAL PARENT NAME	XXXXXXXXXX	O	AN	1/10
DED09	FIPS CODE	XXXXXX	O	AN	5/7
	EMPLOYMENT TERMINATION INDICATOR	'Y'-YES	O	AN	1/1

FIG. 9B

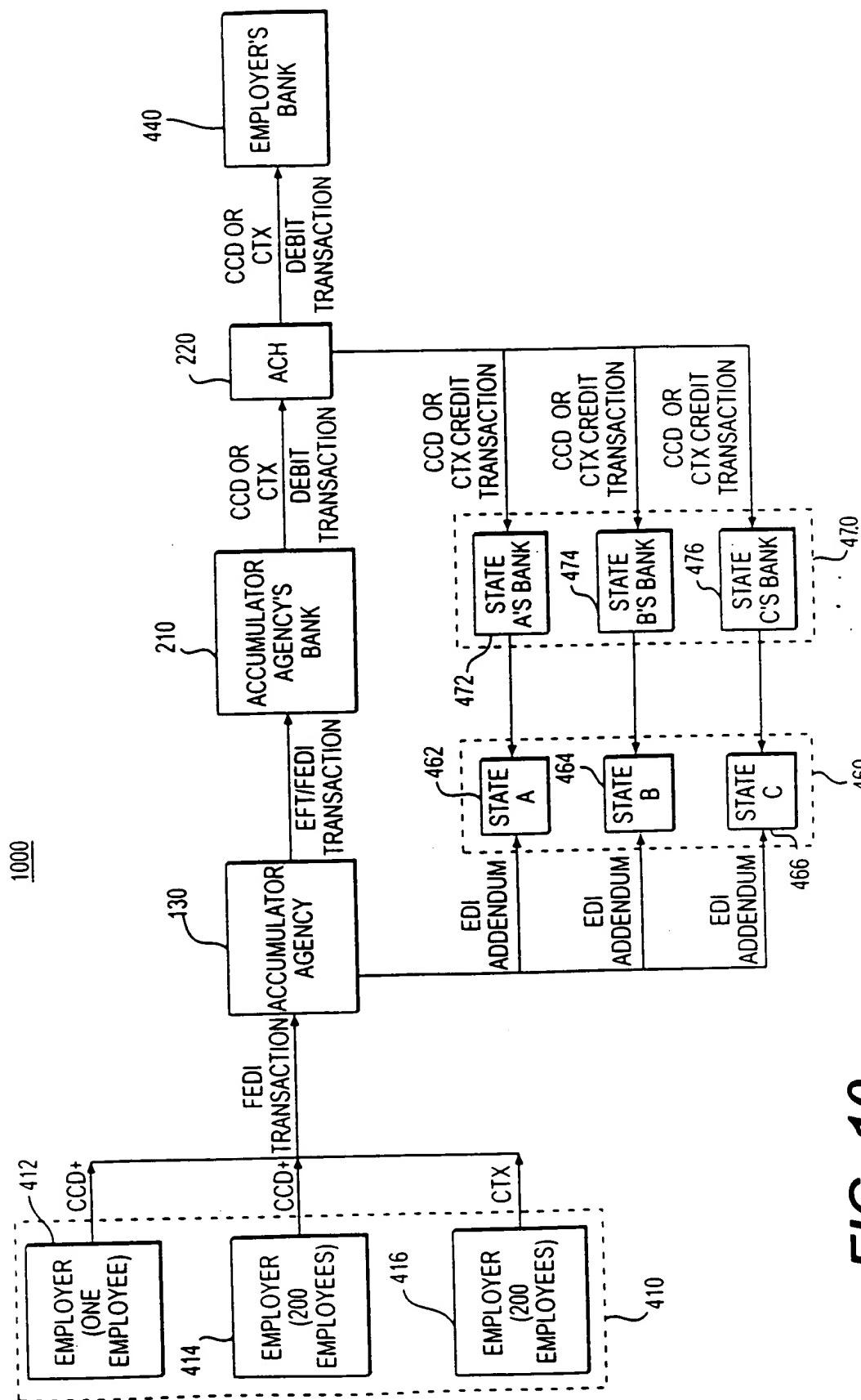
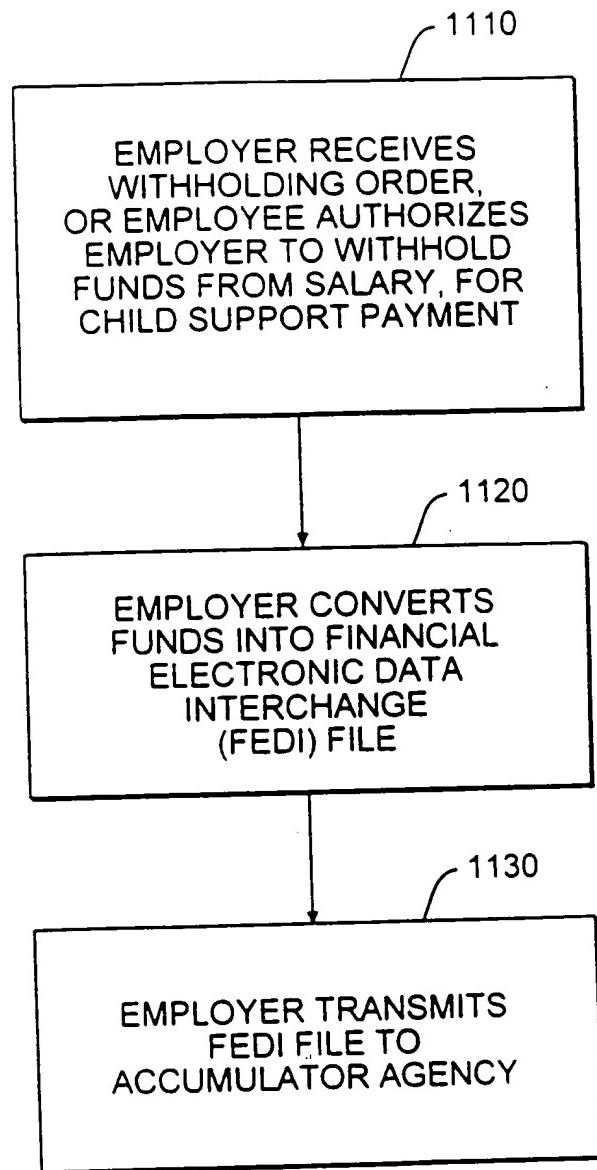


FIG. 10



**FIG. 11**

2047760 59862350

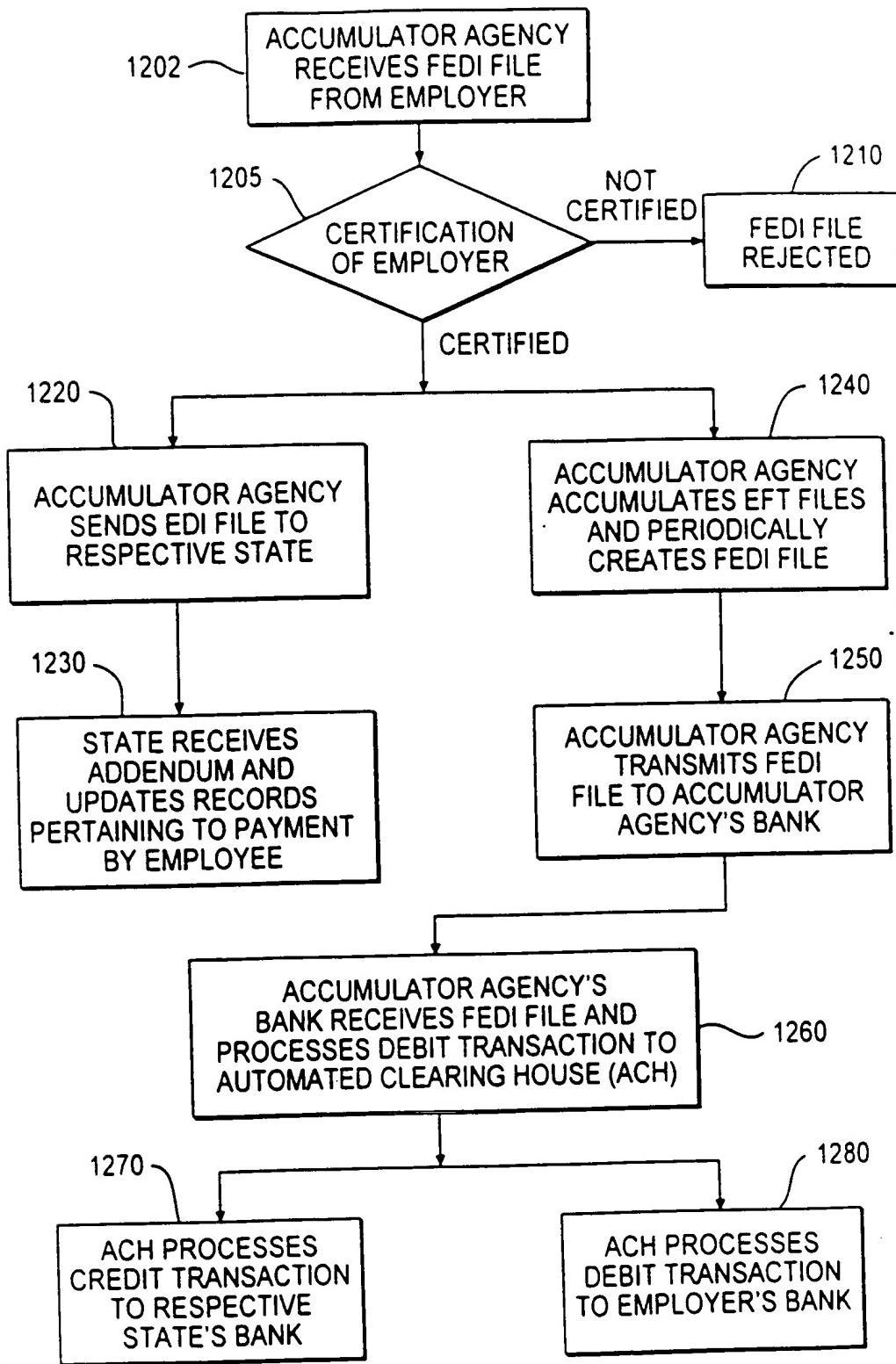


FIG. 12

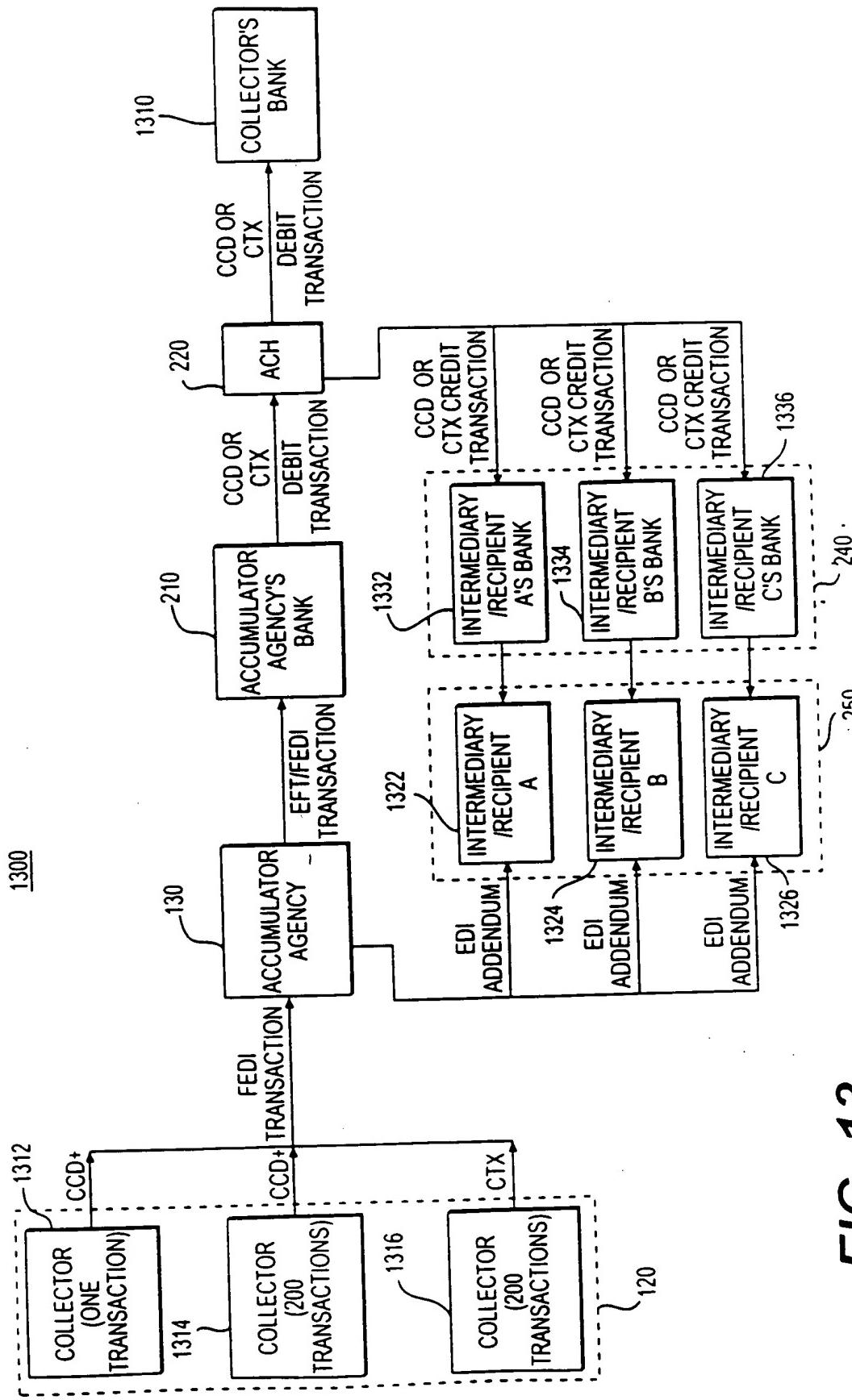
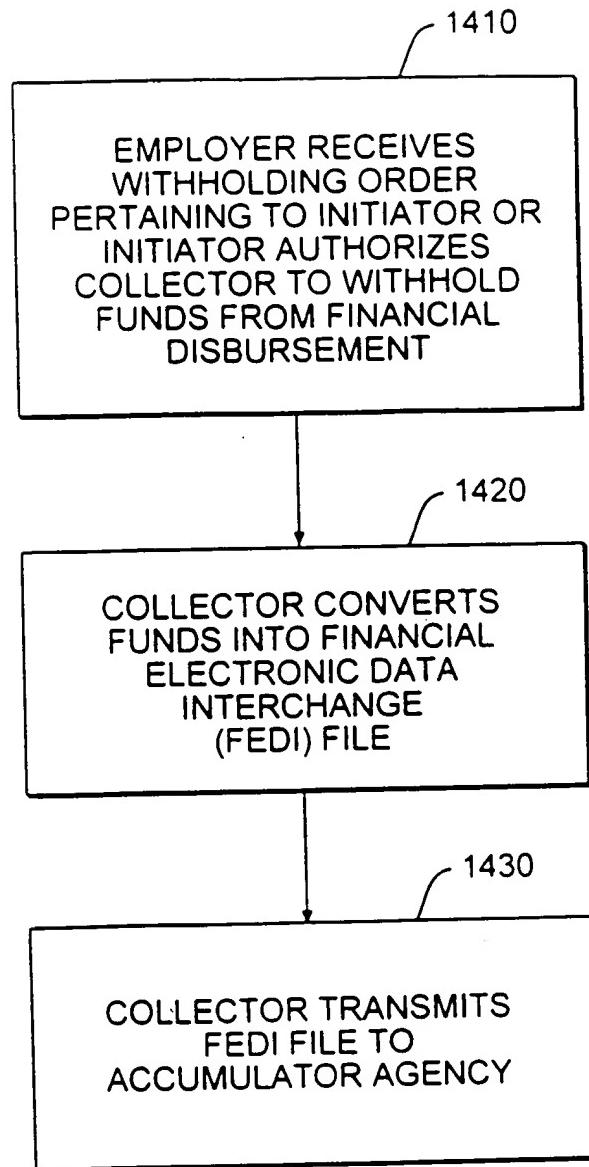
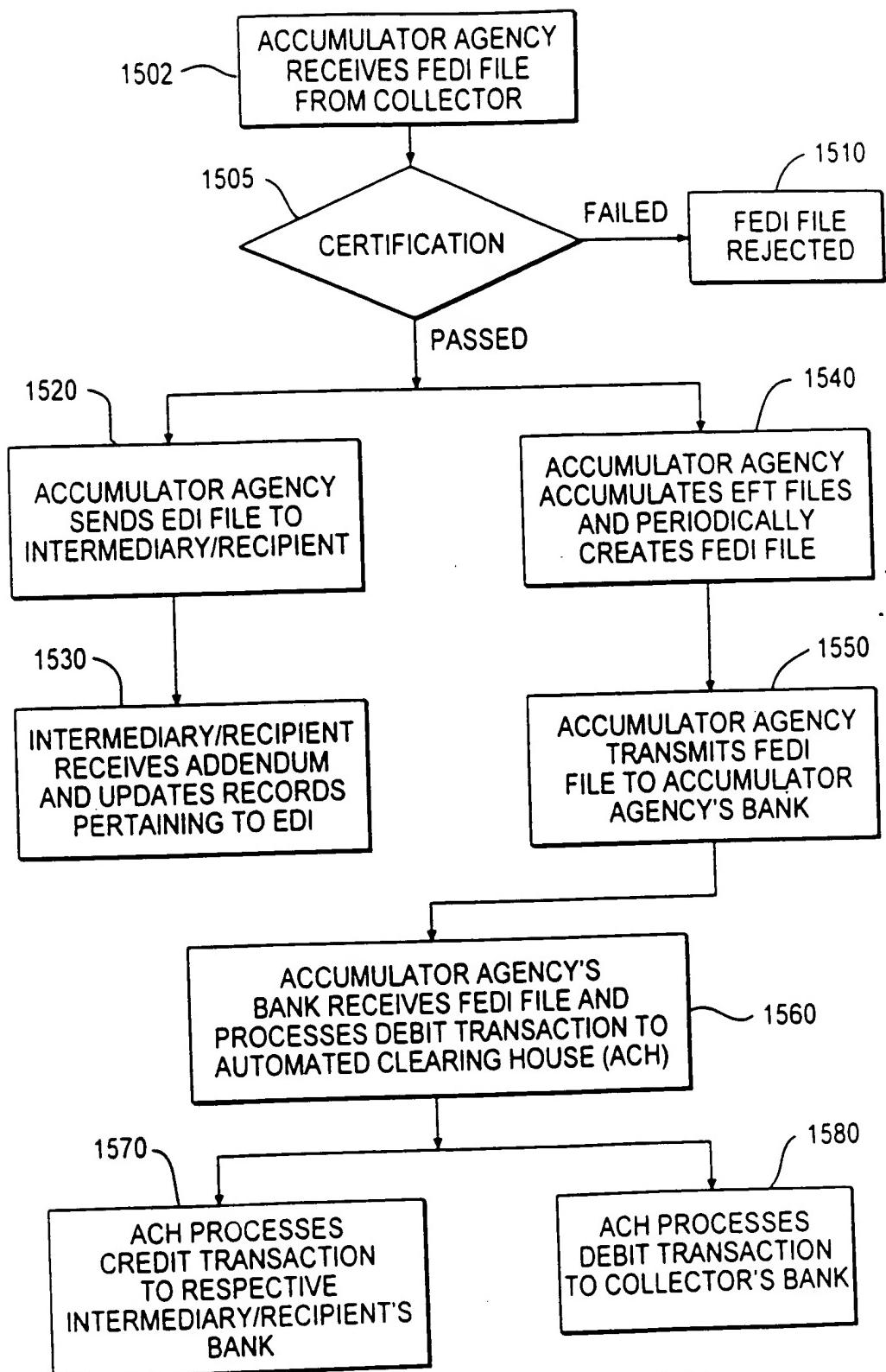


FIG. 13



**FIG. 14**



**FIG. 15**

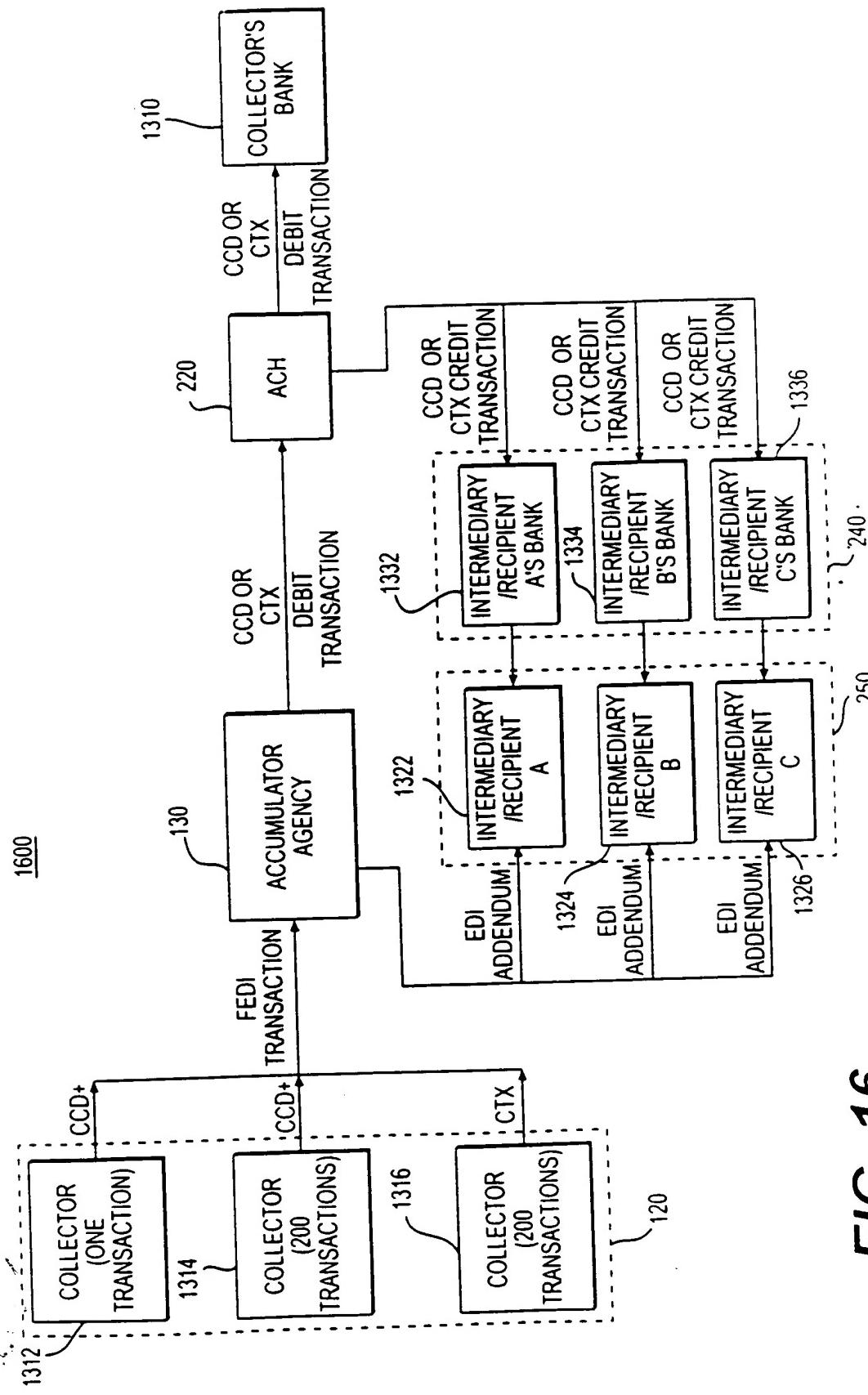
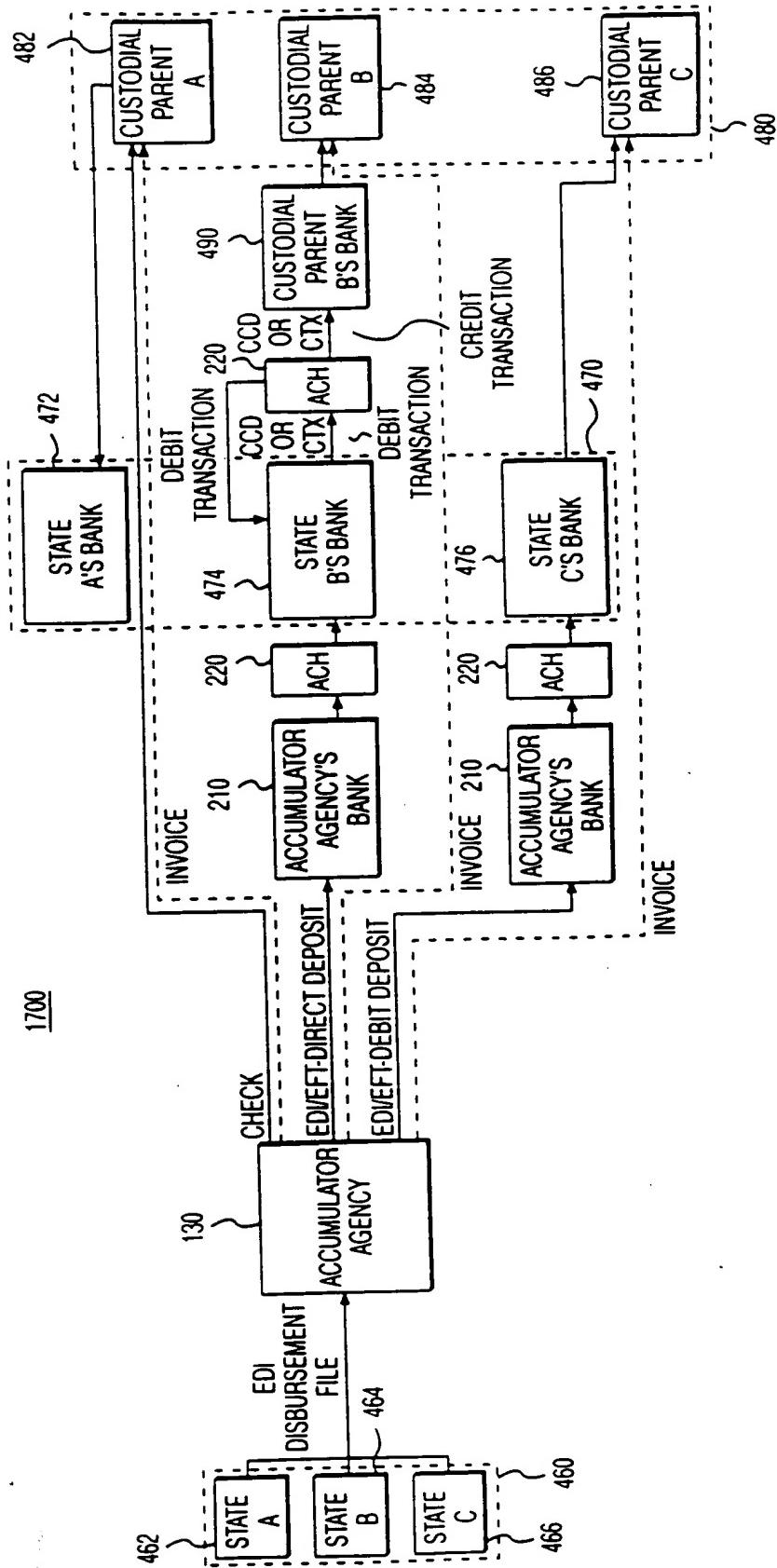
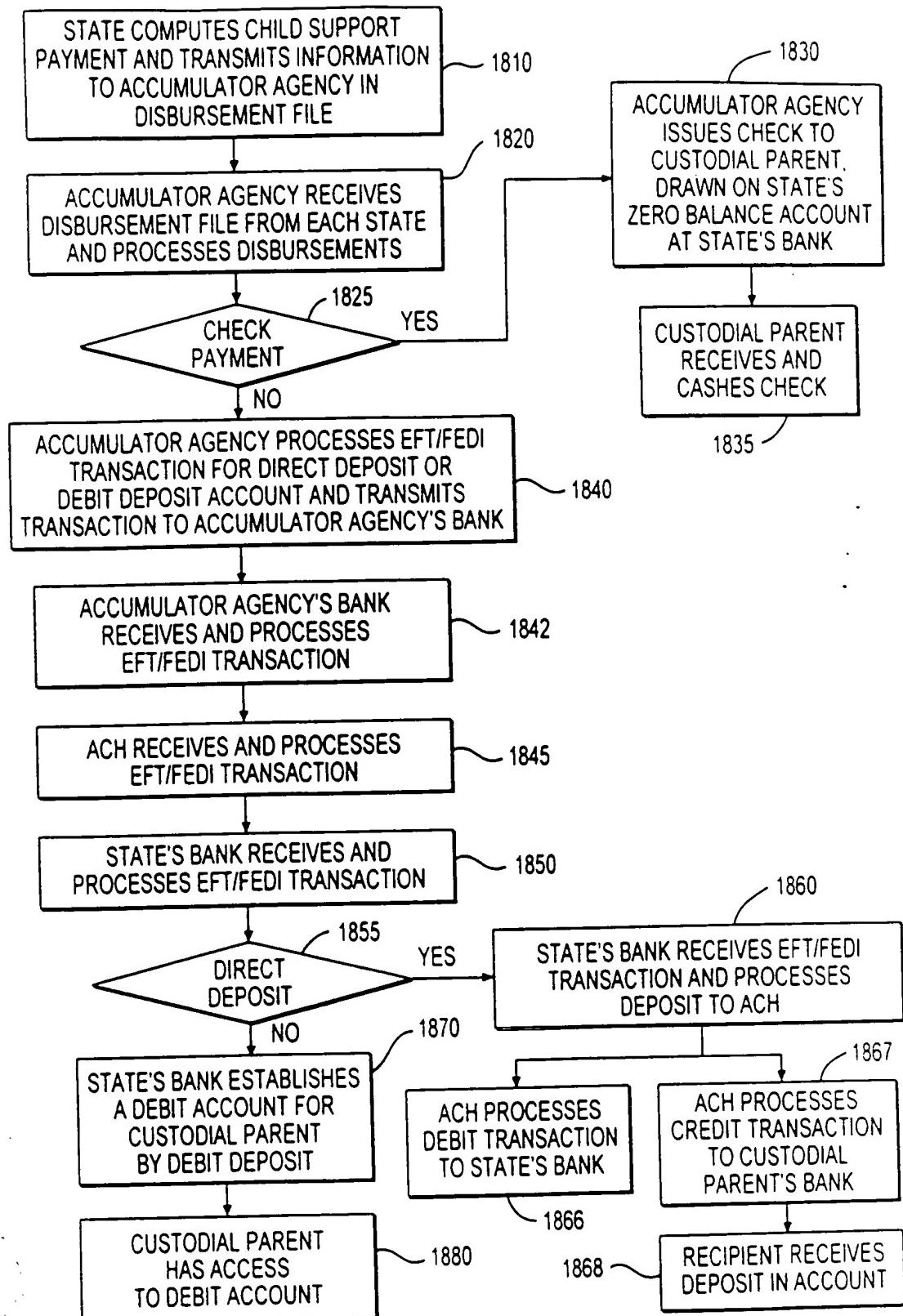


FIG. 16



**FIG. 17**

000023055 - 041402



**FIG. 18**

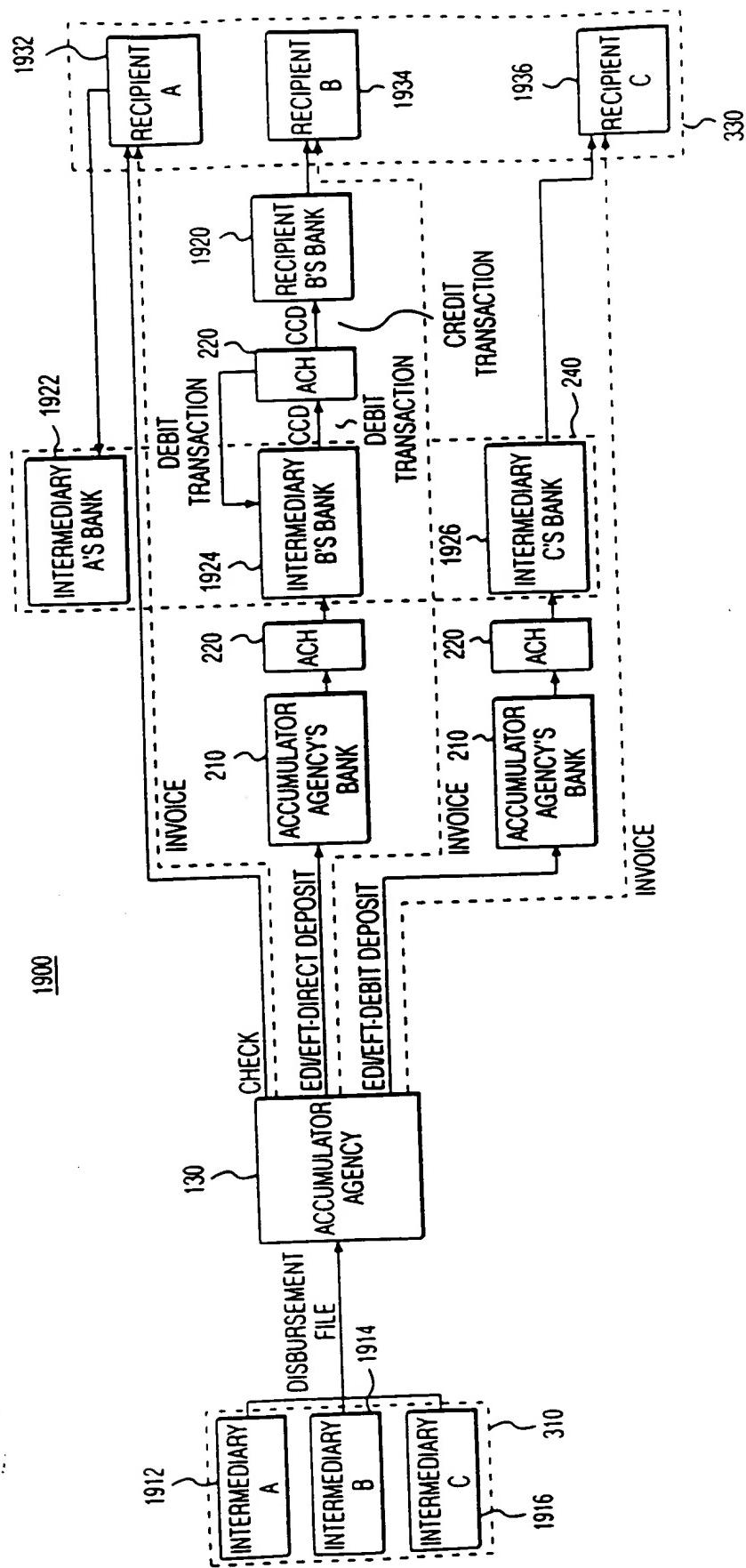
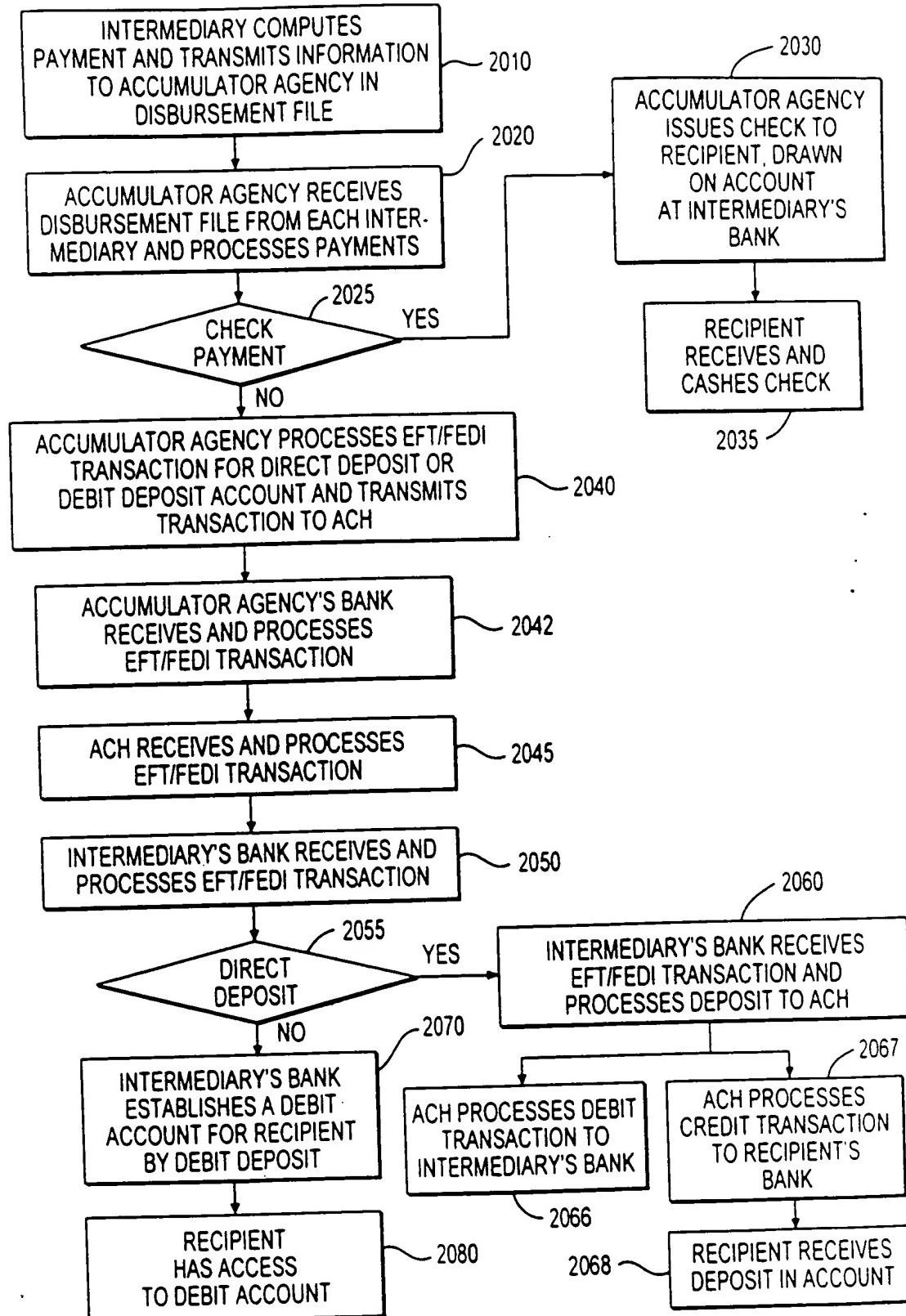


FIG. 19



**FIG. 20**

09023955 - 001402

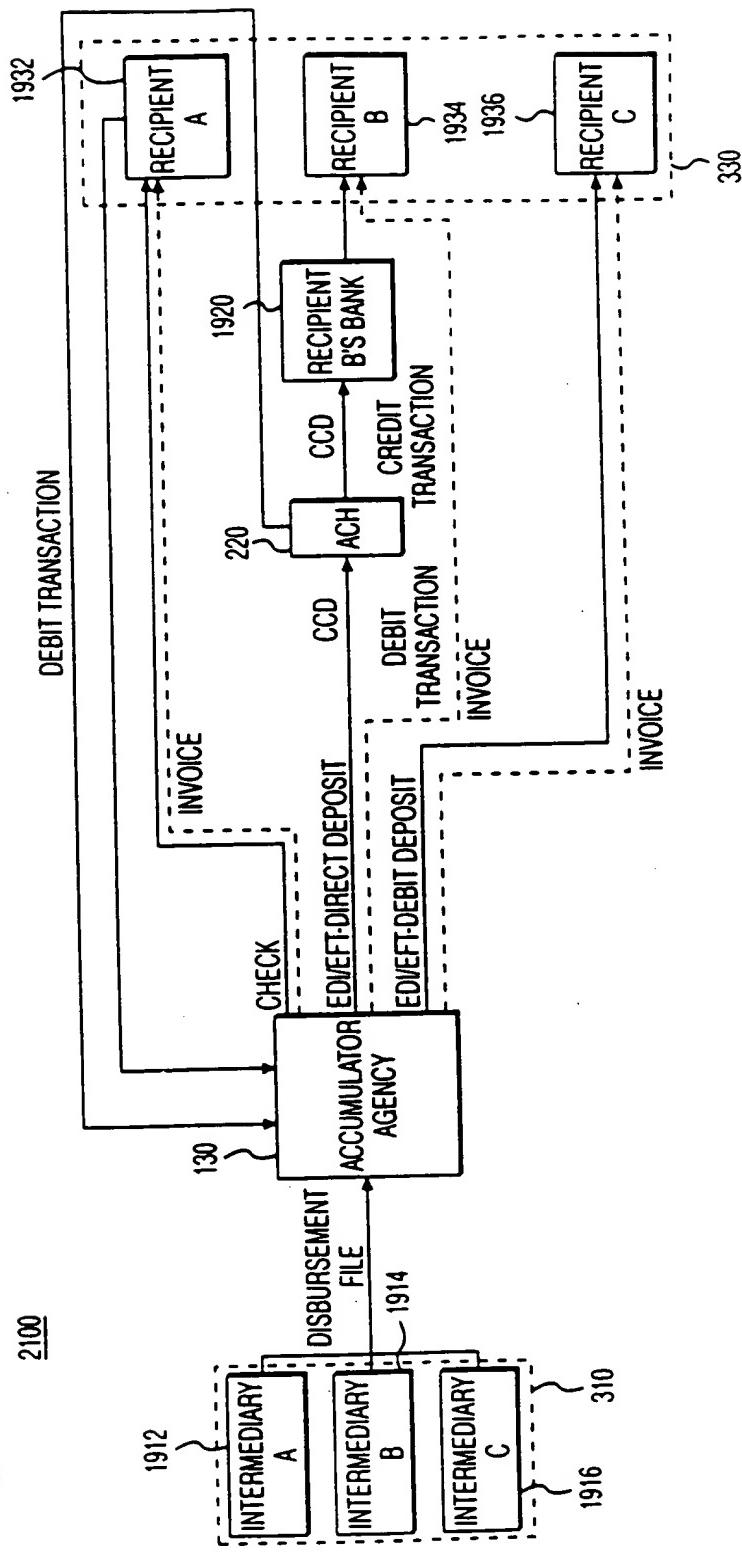


FIG. 21